

SCHOOL BASED HEALTH CENTERS IN RHODE ISLAND

"WE NEED TO START THINKING OF
HEALTH AND EDUCATION AS INTERLOCKING SPHERES.

AFTER ALL, ISN'T SCHOOL THE
BEST PLACE FOR A PRIMARY HEALTH CARE FACILITY –
AVAILABLE, CONVENIENT, AND RESPONSIVE
NOT ONLY TO THE ADOLESCENT, BUT TO THE FAMILY?"

C. EVERETT KOOP, MD, FORMER SURGEON GENERAL
OF THE UNITED STATES

FACT SHEET

RHODE ISLAND HAS SEVEN SCHOOL BASED HEALTH CENTERS

One Elementary School

Two Middle Schools

Four High Schools

in

CENTRAL FALLS

Central Falls High School

PAWTUCKET

Samuel Slater Jr. High School

Charles E. Shea High School

PROVIDENCE

Central High School

WOONSOCKET

Kevin K. Coleman Elementary School

Woonsocket Middle School

Woonsocket High School

SPONSORING AGENCIES

Blackstone Valley Community Health Care, Inc.

(Central Falls)

Memorial Hospital of Rhode Island

(Pawtucket)

Providence Community Health Centers, Inc.

(Providence)

Thundermist Health Associates, Inc.

(Woonsocket)

Dear Colleague:

The Rhode Island Children's Cabinet has adopted a state policy goal that "all youth shall leave school prepared to lead productive lives." The Children's Cabinet has formally endorsed a strategy to offer support for school based health centers in urban high schools. Our experience with school based health centers in Rhode Island shows that offering critical health services to students at school increases the number of adolescents and children receiving care. School based health centers also reduce school absences and therefore directly impact school success. These services are especially needed in our cities where we see so many more teens with unmet health and mental health problems.

The school based health center movement in Rhode Island is at a critical juncture. Seven Centers in Providence, Woonsocket, Pawtucket, and Central Falls are struggling to continue their services that address the complex health and social problems facing Rhode Island's children and youth. Without immediate action, several will close, and our State's teens will lose access to essential health services. We must also find resources for other schools that want school based health centers.

This report highlights the activities of Rhode Island's school based health centers during school year 1999-2000. We hope it will help policy-makers at all levels to make sound decisions regarding the future of the school based health center movement in Rhode Island.

Sincerely,

Patricia A. Nolan, MD, MPH

Patricia A. Nolan, MD, MPH
Director of Health

Peter McWalters

Peter McWalters
Commissioner of Education



SCHOOL BASED HEALTH CENTERS WHAT ARE THEY?

“THEY ARE A TREMENDOUS
ACCESS POINT TO PHYSICAL AND
MENTAL HEALTH SERVICES
FOR CHILDREN AND ADOLESCENTS
IN WOONSOCKET.
OUR CENTERS HAVE LITERALLY HELPED
SAVE THE LIVES OF MANY WHO
WOULD NOT OTHERWISE RECEIVE
SUCH SERVICES.”

JACQUELINE L. DOWDY, MSW, COORDINATOR
SCHOOL BASED HEALTH CENTERS

School based health centers offer a range of physical and mental health services in schools, where adolescents spend about a third of their day. They are staffed with experts in adolescent health, and students receive comprehensive services regardless of ability to pay with minimal disruption to the school day.

School based health centers began in two cities – St. Paul, Minnesota and Dallas, Texas in the early 1970s. By 1990, there were 200 school based health centers. This number grew to 1,157 in 1998. During the 1999-2000 school year, there were 1,300 school based health centers located in 45 states plus the District of Columbia. Recent expansion in the number of Centers has been fueled by state support. More than 50 percent of states promote the concept, either as a distinct initiative or as a service delivery option within a broader school health program.

Since 1987, Rhode Island school based health centers have served teens, providing crucial physical and mental health services, while building positive relationships between students and caring adults.

SCHOOL BASED HEALTH CENTERS

- Have nurse practitioners and counselors to offer preventive, physical, and mental health services in schools;
- Work in partnership with school nurses, coaches, guidance and student assistance counselors, school principals and their staff as an integral part of the school environment;
- Are operated and sponsored in part by a state-licensed health facility, such as a health center or hospital, in order to offer immediate health services during the school day, with evening and weekend coverage by the operating agency;
- Provide culturally appropriate services that build on the strengths of children and their families, and strengthen the relationship among families, schools, and communities;
- Focus on prevention by organizing broader school-based and community-based health promotion efforts, and mobilizing existing community resources for referrals and school partnerships.

PROFILE # 1

CENTRAL FALLS HIGH SCHOOL

24 Summer Street
Central Falls, RI 02863
401.727.7710

OPERATING AGENCY

Blackstone Valley Community Health Care, Inc.
Contact: Michelle Dair, FNP
401.729.5731

YEAR OPENED 1995

GRADES SERVED 7-12

DATA FOR SCHOOL YEAR '98-'99

School Enrollment 1100

Center Enrollment 577

Total Services Provided 2023

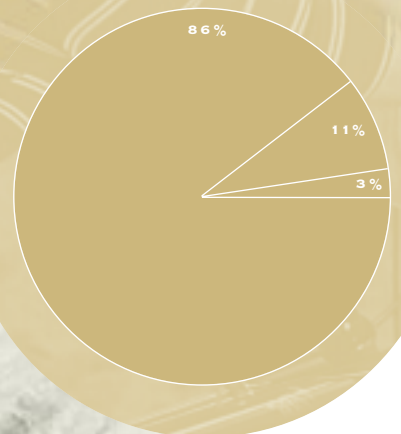
TYPE OF VISITS BY PERCENTAGE

1 Medical 86%

(medical includes physical exams,
acute and chronic care, reproductive
health and immunizations)

2 Dental 11%

3 Behavioral Health 3%





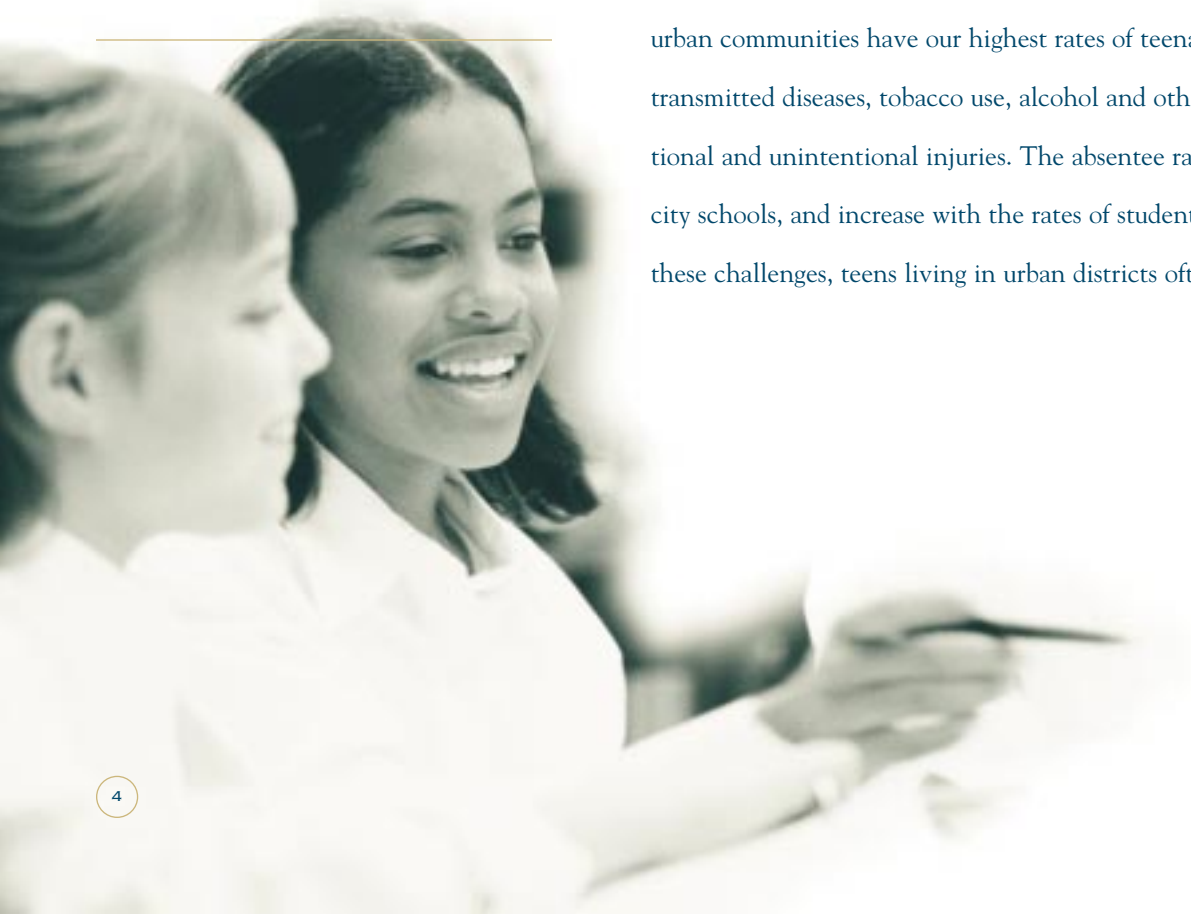
ADOLESCENTS HAVE UNIQUE HEALTH CARE NEEDS

WHAT DO YOU LIKE BEST ABOUT
HAVING A CENTER AT YOUR SCHOOL?
“IT’S EASIER TO GET HERE
ON TIME AND NOT HAVE TO TAKE A
WHOLE DAY OUT OF SCHOOL.”

STUDENT

Adolescence is a time of rapid growth and change. It is not surprising that adolescents and their families have many physical and mental health concerns. The most common health problems affecting teens today are preventable, including injuries, chronic illnesses such as asthma, and mental health problems. In addition, teens engage in risky behaviors like smoking, drinking, substance use, and sexual intercourse, which can be addressed in school.

Teens from low-income families face additional challenges. Rhode Island’s urban communities have our highest rates of teenage pregnancy, sexually transmitted diseases, tobacco use, alcohol and other substance use, and intentional and unintentional injuries. The absentee rates are highest in central city schools, and increase with the rates of student poverty. In addition to these challenges, teens living in urban districts often lack a “medical home.”



THE HEALING ZONE

SAMUEL SLATER JR HIGH SCHOOL

VIRGINIA CUNNINGHAM SCHOOL

Pawtucket, RI 02861

401.729.6480

OPERATING AGENCY:

Memorial Hospital of Rhode Island

Contact: Joanne Johnson, PNP

401.721.2108

YEAR OPENED JANUARY 1999

GRADES SERVED K-8

DATA FOR SEPTEMBER TO DECEMBER '99

School Enrollment 1,092

Center Enrollment 399

Total Services Provided 82

TYPE OF VISITS BY PERCENTAGE

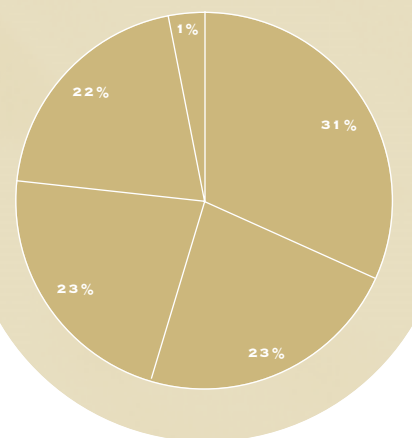
1 Immunizations 31 %

2 Acute Care 23 %

3 Physical Exams 23 %

4 Behavioral Health 22 %

5 Reproductive Health 1 %



CHILDREN AND ADOLESCENTS FACE BARRIERS TO CARE

Access to care is difficult for teens, particularly for those who lack health insurance coverage, have transportation difficulties, or language differences. Most teens also worry about confidentiality, and they are not comfortable with the adult health care system.

FINANCIAL BARRIERS

The primary barrier to health care is financial. In 1997, almost 20 percent of Rhode Island children were living below the poverty level. Between 1990 and 1999, the percentage of low-income Rhode Island students increased from 23 percent to 35 percent.

The number of children at risk for poor health has also increased because their parents' employers do not offer health insurance, or the family cannot afford monthly payments for coverage. Even with RIte Care, substantial numbers of school-aged children are uninsured.

THE HEALTH CARE SYSTEM IS NOT WELL-SUITED FOR ADOLESCENTS

Adolescents have the lowest utilization of health care services of any age group. Even when adolescents are insured, they often don't receive the services they most need. Community physicians may have limited impact on health risks and behavioral issues because they are less likely to practice with a team of professionals trained to focus on mental health and health education issues. The adult and pediatric health care systems are ill-suited to deliver the multidisciplinary, preventive, and time intensive care that adolescents need.

In addition, adolescents often do not trust "the system." Despite legal protections, many adolescents do not get confidential services related to substance use, sexuality, or emotional problems.

Finally, many parents cannot miss work to take their children to see a doctor, and children and teens who don't have transportation often do not receive necessary health care.

SCHOOL BASED HEALTH CENTERS RESPOND TO ADOLESCENTS' NEEDS

"MAKING A DIFFERENCE
IN ONE LIFE IS SO REWARDING...
A STUDENT WAS IN A PERSONAL
CRISIS, DISTRAUGHT ABOUT HER HOME
SITUATION AND CONTEMPLATING
ENDING HER LIFE. THE COUNSELOR
INTERVENED AND GATHERED
THE STUDENT'S FAMILY AND SCHOOL
ADMINISTRATION, SUPPORTING HER
UNTIL THE CRISIS PASSED.
SHE IS NOW IN COUNSELING AND
VISITS THE CENTER FREQUENTLY TO
LET US KNOW HOW SHE IS DOING.
SHE LOOKS GREAT!"
PEDIATRIC NURSE PRACTITIONER

Especially during adolescence, physical and mental health issues are linked. Many physical symptoms have an emotional cause. Adolescents often feel most comfortable discussing emotional problems during an acute care visit. These facts render a strong argument for providing a combination of physical and mental health services, and for placing them in one location where students can easily access them. Young people need a team of health care providers working together at a convenient location where they know they can talk about personal health and emotional issues, and receive confidential care, when necessary.





PROFILE #3

CHARLES E. SHEA HIGH SCHOOL

Pawtucket, RI 02861

401.729.6445

OPERATING AGENCY:

Memorial Hospital of Rhode Island

Contact: Joanne Johnson, PNP

401.721.2108

YEAR OPENED SEPTEMBER 1999

GRADES SERVED 9-12

DATA FOR SEPTEMBER TO DECEMBER '99

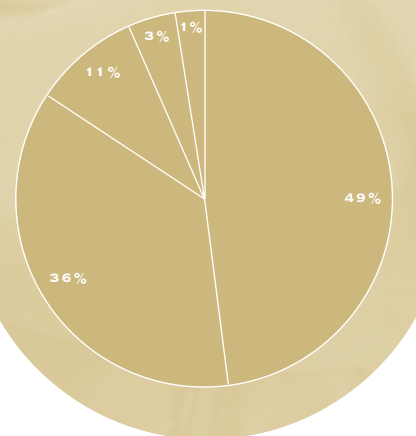
School Enrollment 927

Center Enrollment 213

Total Services Provided 92

TYPE OF VISITS BY PERCENTAGE

1 Behavioral Health	49%
2 Acute Care	36%
3 Immunizations	11%
4 Physical exams	3%
5 Reproductive Health	1%




SCHOOL BASED HEALTH CENTERS ADDRESS BEHAVIORAL AND MENTAL HEALTH NEEDS

Studies show that at least one in five children and adolescents has a mental health problem, and more than six million children and adolescents in the United States have serious emotional disturbances. However, less than one-quarter of these children and adolescents receive mental health services, and the public school system is the “sole provider” of services for nearly half of those youngsters.

In 1999, there were almost 45,000 public school suspensions in Rhode Island, involving about 16,000 students. Of the total suspensions, more than one-third occurred in the cities of Providence, Pawtucket, Central Falls, Woonsocket, and Newport. Our school based health centers report an enormous demand for behavioral health services. Centers can reduce suspensions by addressing the behavioral health needs of those students with chronic problems. The Centers work with school staff to identify social and environmental supports within the school that contribute to students’ success.

SCHOOL BASED HEALTH CENTERS LINK FAMILIES TO SUPPORT SERVICES

School based health centers strengthen the connection between schools and families. They value parent involvement in their children’s health care, and link families to a variety of needed services.



“SCHOOL BASED HEALTH CENTER
STAFF DEVELOP CARING RELATIONSHIPS
WITH STUDENTS. THOSE RELATIONSHIPS HELP
BUILD STUDENT SELF-ESTEEM, AS WELL AS SUPPORT
THE FAMILY, AND SCHOOL EFFORTS TO PREPARE
STUDENTS TO LEAD PRODUCTIVE LIVES.”

DR. PATRICIA NOLAN
DIRECTOR OF HEALTH

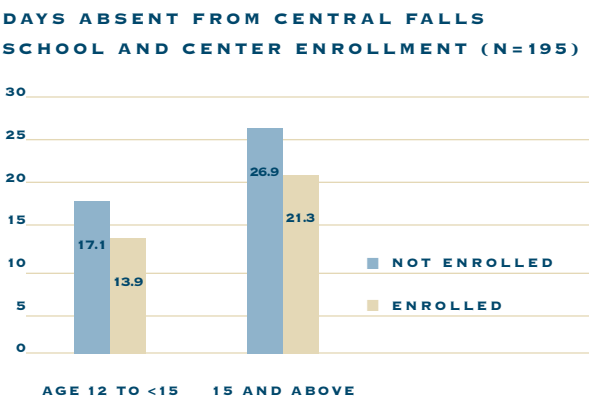
More than 75 percent of uninsured children in Rhode Island live in families that are eligible for RItE Care but have not enrolled. School based health center staff assist in enrolling students and their families into RItE Care, and provide services to those who remain uninsured.

SCHOOL BASED HEALTH CENTERS REDUCE BARRIERS TO LEARNING AND HELP KEEP TEENS IN SCHOOL

School based health centers work to remove physical and emotional barriers to learning. They provide counseling and support to students experiencing family and social stress, they identify students at risk for violence and substance use, and intervene early to promote a safe and healthy environment. Studies show that Centers reduce absenteeism and dropout rates by helping

to address students' health needs, and by building bridges to other support services. Preliminary data from one Center in Rhode Island indicate students enrolled had better attendance in all age categories compared to non-enrollees (see graph). Differences were larger for students ages fifteen and above (5.6 more days attended) than among students 12 to 14 (3.2 more days attended than non-enrollees).

We are expanding our assessment to other school based health centers to determine the main health problems associated with decreases in school attendance and the value of Centers in addressing the health needs of adolescents.





SCHOOL BASED HEALTH CENTERS IN RHODE ISLAND

WHAT DO YOU LIKE BEST ABOUT
HAVING A CENTER AT YOUR SCHOOL?
“COUNSELING KEEPS ME OUT
OF TROUBLE AND GETS ME
INTO PROGRAMS I COULDN'T FIND
BY MYSELF.”

STUDENT

In 1987, Rhode Island established its first school based health center at Central High School in Providence with legislative support. Subsequently, the Rhode Island Department of Health utilized Maternal and Child Health funds to start another school based health center at Woonsocket Middle School, which opened in 1993. Central Falls High School was awarded federal funds to establish a Center in 1994. The Robert Wood Johnson Foundation's *Making the Grade Program* awarded a grant to the Department of Health in 1997, enabling it to establish four more school based health centers and to examine the Centers as a strategy for meeting adolescent health needs in Rhode Island.

RHODE ISLAND'S SEVEN SCHOOL BASED HEALTH CENTERS PROVIDE AN ARRAY OF SERVICES, ON-SITE AND THROUGH REFERRAL

- Acute care, such as treatment of colds, infections, and injuries;
- Chronic care for conditions, such as asthma and diabetes;
- Mental and behavioral health services;
- Yearly physicals and sports examinations;
- Reproductive health care, including diagnosis and treatment of sexually transmitted diseases;
- Dental care;
- Nutrition services; and
- Immunizations.

Each of Rhode Island's school based health centers is operated by a state-licensed health facility, known as the "operating agency." The Centers are open during school hours and provide after-hours coverage through the operating agency. All Centers are staffed with licensed behavioral health providers, nurse practitioners, physicians and other medical staff and administrative support. Students without health care coverage, or limited coverage, get care free of charge.

School based health centers work in partnership with parents, respecting cultural values, family situations, and the individual needs of each student. Parents must sign a consent form for students to receive services. In Rhode Island, local communities decide whether to include distribution of contraceptives in their range of services. All communities that currently have school based health centers do not include this option.

PROFILE # 4

CENTRAL HIGH SCHOOL

70 Fricker Street
Providence, RI 02903
401.751.9607

OPERATING AGENCY

Providence Community Health Centers, Inc.
Contact: Lynn Wachtel, FNP
401.444.0449

YEAR OPENED SEPTEMBER 1987

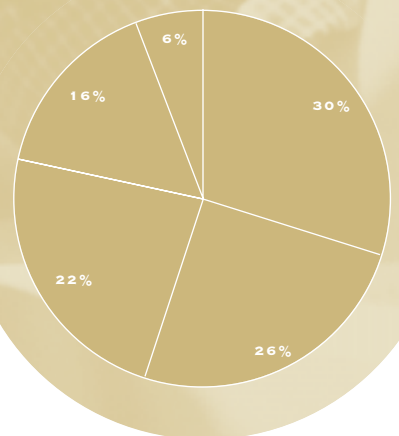
GRADES SERVED 9-12

DATA FOR SEPTEMBER TO DECEMBER '99

School Enrollment	1,645
Center Enrollment	681
Total Services Provided	543

TYPE OF VISITS BY PERCENTAGE

1 Reproductive Health	30%
2 Acute Care	26%
3 Behavioral Health	22%
4 Physical Exams	16%
5 Chronic Care	6%





SCHOOL BASED HEALTH CENTER FINANCING IN RHODE ISLAND

“CENTERS WILL NEVER REACH THEIR
FULL POTENTIAL IN RHODE ISLAND
UNLESS WE HAVE A STABLE
PERMANENT SOURCE OF FUNDING.”

MICHAEL J. RYAN, VICE PRESIDENT OF FINANCE
MEMORIAL HOSPITAL

COSTS OF OPERATING A SCHOOL BASED HEALTH CENTER

The Rhode Island Public Health Foundation estimates that the average cost of running a school based health center is \$200,000 per year. Operating costs include space, equipment, supplies and utilities, and core staffing of a coordinator, medical provider(s), mental health provider, and support staff. Several Centers have expanded services, and therefore include nutritionists, health educators, outreach workers, and dental providers in their personnel costs.

CURRENT FINANCING

In the 1999-2000 school year, only one of the seven existing Centers was funded at the required level estimated by the Rhode Island Public Health Foundation.

Rhode Island school based health centers are currently financed with a patchwork of funds from foundation, state and federal funding sources, with a relatively small amount from third party insurance reimbursement.

FEDERAL SUPPORT: In the 1999-2000 school year, the Department of Health invested \$123,093 in Maternal and Child Health (Title V) funds in five of the seven Centers. Two Centers, Woonsocket High School (\$118,239) and Central Falls High School (\$103,000), also received funds directly from the federal Healthy Schools/Healthy Communities Program.



PROFILE #5

THE VILLA NOVAN HEALTH HUT

KEVIN K. COLEMAN SCHOOL

96 Second Avenue

Woonsocket, RI 02895

401.767.4859

OPERATING AGENCY

Thundermist Health Associates, Inc.

Contact: Jacqueline Dowdy, MSW

401.767.4163

YEAR OPENED JANUARY 2000

GRADES SERVED 3-5

DATA FOR JANUARY '00

School Enrollment 755

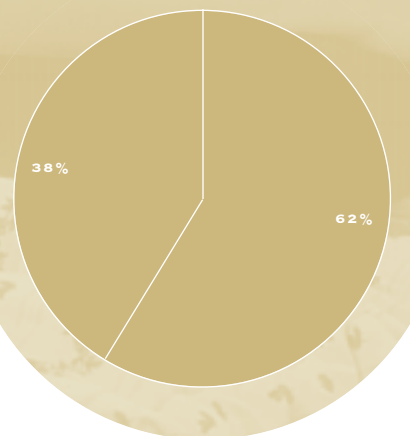
Center Enrollment 94

Total Services Provided 26

TYPE OF VISITS BY PERCENTAGE

1 Acute Care 62%

2 Physical exams 38%



STATE SUPPORT: In the 1999-2000 school year, Rhode Island allocated a total of \$72,500 in state dollars to school based health centers, (less than 10 percent of the total funding of the entire initiative.)

FOUNDATION SUPPORT: In 1997, the Robert Wood Johnson Foundation awarded the Rhode Island Department of Health a grant to establish four additional school based health centers. In the 1999-2000 school year, \$353,853 in Robert Wood Johnson funds supported four Centers.

LOCAL SUPPORT: School districts and their operating agencies are required to contribute resources to their school based health centers, primarily through in-kind donations. These contributions include staff, space, equipment, and renovation/construction labor. The Center at Coleman Elementary in Woonsocket and both Centers in Pawtucket received additional funding for construction costs through the Community Development Block Grant. One district, Providence, provides a direct cash subsidy to offset the cost of the mental health counselor.

THIRD PARTY REVENUE: In the 1998-1999 school year, three of the seven Rhode Island Centers submitted claims to third party payers, totaling \$51,719 of billable services. They actually collected \$13,697 (26 percent of the submitted claims) which represents less than five percent of the total budget of the school based health center initiative.

1999-2000 TOTAL COMBINED GRANT INCOME

COLEMAN ELEMENTARY	\$ 58,396
WOONSOCKET MIDDLE	\$ 60,000
CENTRAL HIGH	\$ 87,500
SLATER MIDDLE	\$ 119,221
SHEA HIGH	\$ 119,221
CENTRAL FALLS HIGH	\$ 123,610
WOONSOCKET HIGH	\$ 202,347

CHALLENGES FACING THE SCHOOL BASED HEALTH CENTER MOVEMENT IN RHODE ISLAND

“IT IS THE MOST IMPORTANT SERVICE
THAT WE PROVIDE OUR STUDENTS.
RATHER THAN HAVING TO
FIGHT TO KEEP IT OPEN, WE SHOULD
BE EXPANDING ITS PROGRAM.”

JACK LYLE, PRINCIPAL
CENTRAL FALLS HIGH SCHOOL

FUNDING IS NOT ADEQUATE NOR STABLE

At the time of this report, six of seven school based health centers in Rhode Island are funded below their estimated operating costs. Three Centers receive less than 50 percent of the estimated operating cost.

As of April 2000, federal funding for the Center at Central Falls High School ended, and while future funding is uncertain, the Rhode Island Department of Health has allocated one-quarter of the operating budget (\$21,000) to sustain services through the remainder of the school year. In June 2001, private funding from the Robert Wood Johnson Foundation for two of the Centers in Woonsocket and both Centers in Pawtucket will end. Federal funding for the school based health center at the Woonsocket High School will end in June of 2002.

Both the Robert Wood Johnson Foundation and the Special Senate Commission to Study School Based Health Centers are working on long-term funding to sustain school based health centers. While strong partnerships have developed in support of the Centers, key financial support and stable state funding are lacking. To sustain existing school based health centers, Rhode Island needs a multi-year strategy to ensure stable core funding, including ongoing commitments from state, federal, and community partners.

THE VILLA NOVAN HEALTH HUT

WOONSOCKET MIDDLE SCHOOL

357 Park Place

Woonsocket, RI 02895

OPERATING AGENCY

Thundermist Health Associates, Inc.

Contact: Jacqueline Dowdy, MSW

401.767.4779

YEAR OPENED MARCH 1993

GRADES SERVED 6-8

DATA FOR SEPTEMBER TO DECEMBER '99

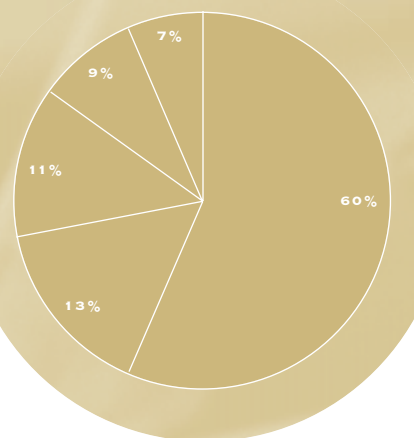
School Enrollment 1,455

Center Enrollment 674

Total Services Provided 602

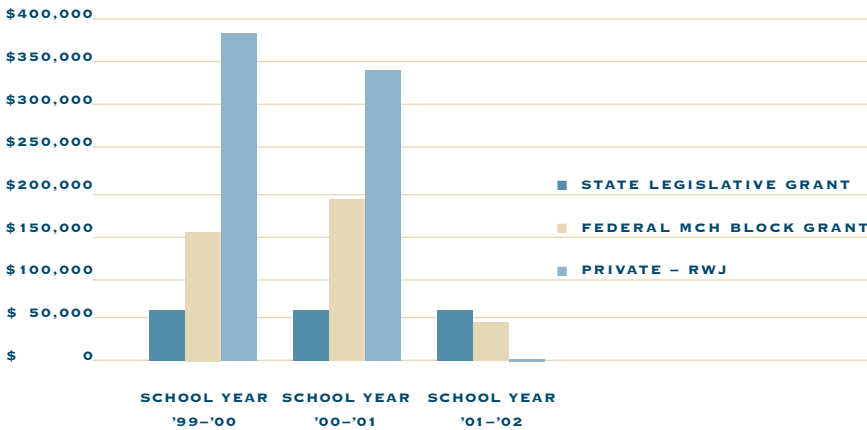
TYPE OF VISITS BY PERCENTAGE

- 1 Acute Care 60%
- 2 Physical exams 13%
- 3 Injury 11%
- 4 Chronic Care 9%
- 5 Behavioral Health 7%



The following graph shows current state-directed funding and the gaps that must be addressed in order to sustain our Centers.

CURRENT AND FUTURE FUNDING FOR SEVEN CENTERS

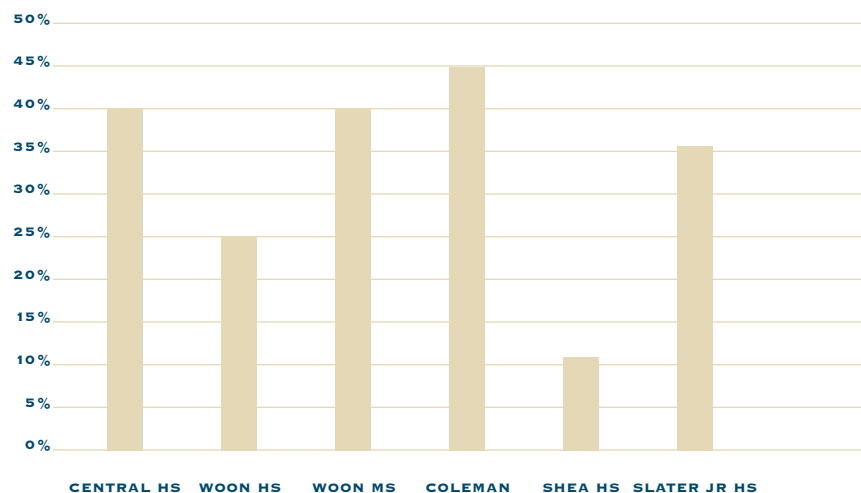


ENROLLMENT AND UTILIZATION NEED TO BE INCREASED

Because most of the Centers are relatively new and funding is limited, enrollment at the school based health centers is not as high as it can be. Efforts are underway to increase enrollment and utilization; however, limited staff resources reduce the amount of time dedicated to outreach and enrollment.

It is likely that as the Centers achieve higher rates of enrollment and utilization, staffing and other costs will also rise.

PERCENT OF SCHOOL POPULATION ENROLLED IN SCHOOL BASED HEALTH CENTERS (DECEMBER 31, 1999)



* Data for Central Falls High School not Available

ACCESS TO MENTAL HEALTH SERVICES MUST BE IMPROVED

As elsewhere in the United States, behavioral and mental health services are not accessible to many Rhode Island students and their families, and our system of primary care is inadequate to address their needs.

School staff (psychologists, social workers, and counselors) provide mental health services to a segment of the student population. School based health centers' mental health providers are able to expand these services to a larger portion of the student population; however they are not fully able to meet the demand for services because their budgets are limited. Furthermore, in those cases where the Center refers to community providers, the students frequently face a long wait prior to receiving services.

RITE CARE ENROLLMENT AMONG UNINSURED STUDENTS NEEDS TO BE INCREASED

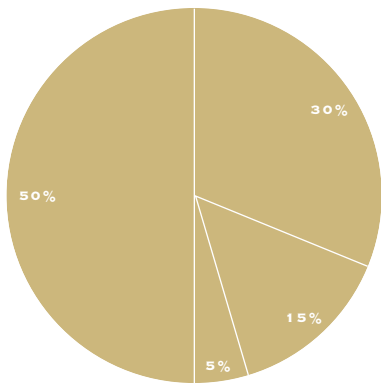
Since so many teens are uninsured and underinsured, schools are a good environment for outreach and enrollment (see chart).

In addition, we need to work on a better mechanism when insurance is available, so that Centers are better able to recoup the cost associated with delivering the service.

MANAGED CARE AFFECTS SCHOOL BASED HEALTH CENTERS


School based health centers increase access and use of health services by an underserved population with many health needs. Centers also provide or coordinate a variety of services that are often “contracted” to pediatricians, mental health professionals, and others by managed care plans. Therefore, fitting school based health centers into a cost-constrained managed care world has been challenging. There are several promising approaches that make school based health centers a “medical home,” and Medicaid funding for Centers can be improved by creative use of EPSDT and/or administrative claiming.

**INSURANCE STATUS OF
STUDENTS ENROLLED IN
SCHOOL BASED HEALTH CENTERS**



- 1 No Insurance/Unknown*.....50%
- 2 Rite care.....30%
- 3 Private.....15%
- 4 Medicaid.....5%

*May include students eligible but not yet enrolled in Rite Care.



“SCHOOL BASED HEALTH CENTERS
ATTEND TO THE PHYSICAL AND MENTAL HEALTH CARE
NEEDS OF ADOLESCENTS IN A CONFIDENTIAL,
COMFORTABLE SETTING. THEY OFFER A VITAL SERVICE
TO OUR YOUTH AT AN IMPORTANT TIME
IN THEIR DEVELOPMENT.”

MARY PARELLA, SENATOR

RECOMMENDATIONS

RECOMMENDATION 1

Stabilize funding to existing school based health centers at the level of \$200,000 per Center, with a core allocation of at least \$125,000 from the state for each Center.

STRATEGIES

- Establish a “line item” in the state budget for school based health centers.
- Sustain and expand financial partnerships among health care providers, managed care organizations, hospitals, social service agencies, businesses and schools to ensure long term financial support.
- Implement a formula requiring cash matches from schools to supplement core state funding for school based health centers.

RECOMMENDATION 2

Provide support for 20 school based health centers in urban districts by 2006.

STRATEGIES

- Establish an Advisory Committee in each urban district to guide the development of new Centers.
- Assist additional schools and communities in identifying local financial support for school based health centers.

RECOMMENDATION 3

Document the effectiveness of school based health centers.

STRATEGIES

- Develop a programmatic data system to monitor school based health centers.
- Issue an annual report on the effectiveness of school based health centers in addressing both health and education outcomes.

WHY DO YOU COME TO THE
HEALTH HUT?

“THEY TAKE CARE OF MY PROBLEMS,
OR, IF I HAVE AN IMPORTANT
QUESTION, THEY ANSWER IT FOR ME.”

STUDENT

THE VILLA NOVAN HEALTH HUT

WOONSOCKET HIGH SCHOOL

777 Cass Avenue

Woonsocket, RI 02895

OPERATING AGENCY

Thundermist Health Associates, Inc.

Contact: Jacqueline Dowdy, MSW

401.767.4648

YEAR OPENED JANUARY 1998

GRADES SERVED 9-12

DATA FOR SEPTEMBER TO DECEMBER '99

School Enrollment 1,717

Center Enrollment 426

Total Services Provided 1,029

TYPE OF VISITS BY PERCENTAGE

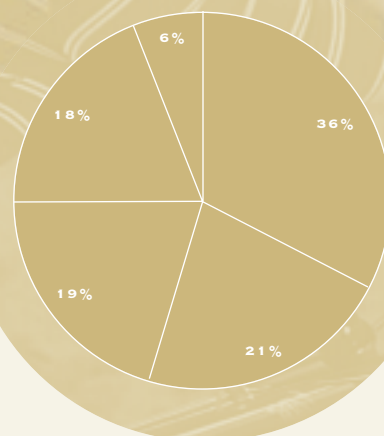
1 Acute Care 36%

2 Reproductive Health 21%

3 Physical Exams 19%

4 Chronic Care 18%

5 Behavioral Health 6%



RECOMMENDATION 4

Increase third party reimbursement for school based health centers.

STRATEGIES

- Strengthen partnerships with health plans.
- Identify uninsured children and families and assist them in the RIte Care application process.
- Include licensed clinical social workers, practicing in school based health centers, in all managed care provider networks.

RECOMMENDATION 5

Build broad-based public support for the school based health center initiative.

STRATEGIES

- Build political support from the operating organization.
- Urge legislators, policymakers, and community leaders to lend their vocal support.
- Seek community support - from students and parents, community organizations, and other providers.
- Garner school support. School personnel at all levels need to understand what is being done and be committed to the concept.

CONCLUSION

School Based Health Centers work and they represent wise investments. Whether you count the number of students who visit them; the number of parents, educators, and health providers who support them; the number of problems they address; or the number of dollars they save - the result is success. Now is the time to commit to stable support for the school based health centers we have, and to a state and local strategy for support of additional schools that want to establish Centers.

REFERENCES

1. Surgeon General's Report on Mental Health, December 1999.
2. 2000 Rhode Island KIDS COUNT Factbook.
3. Kisker EE, Brown RS, Hill J: Health Caring: Outcomes of the Robert Wood Johnson Foundation's School-Based Adolescent Health Care Program. Princeton, NJ, Mathematica Policy Research, 1994.



For further information, please contact:

Rosemary Reilly-Chammat, Program Manager

Rhode Island Department of Health

Division of Family Health, Room 302

Providence, RI 02908

Phone (401) 222-5922 Fax (401) 222-1442

E-mail rosemary@doh.state.ri.us

If you would like additional information about
school based health centers throughout the United States,
we recommend the following web sites:

National Assembly of School Based Health Care:

www.nasbhc.org

Making the Grade, George Washington University:

www.gwu.edu/~mtg

This report was produced with funds
from the Robert Wood Johnson Foundation's
Making the Grade Program